

CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS

Name of Candidate VideT Chamichel  
Address 5396 Springhill Loop County Lauderdale  
Telephone (Work) 601-938-2750 (Home) 601-693-2750 (Fax) None  
Contact Name VideT Chamichel Email Address Kchamichel@Senate.MS.gov  
Office Sought State Senate Dist #33 Political Party Rep

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>15,250</u> + \$ <u>400</u>	\$ <u>15,650</u>	\$ <u>15,650</u>
Total amount of disbursements \$	+ \$ <u>865</u>	\$ <u>865</u>	\$ <u>865</u>
Total amount of cash on hand \$		<u>30,157</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED  
JAN 30 2009

Secretary of State  
Capitol Office

Name of Candidate or Committee VICTOR CARMICHAEL Page 1 of 9  
 Reporting period 1/1/08 through 12/31/08  
**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Richard Brown</u>		<u>11/24/08</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>P.O. Box 1132</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ray Long</u>		<u>11/20/08</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>4512 8th Ave NW NEAT</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, MS 39305</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William &amp; Marion Reid</u>		<u>11/20/08</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>4830 11th Place</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, MS 39305</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Brian Cooper</u>		<u>11/20/08</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>916 Lily Creek Resort Rd</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Jamestown, KY 42629</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250<sup>00</sup></u>



Name of Candidate or Committee V. DeT. Churchill  
 Reporting period 4/1/08 through 12/31/08

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SAM LONG</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 667</u>		___/___/___	\$
City, State, Zip Code <u>MAKON MS 39342</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RONNIE HAMPTON</u>		<u>11/26/08</u>	\$ <u>250.00</u>
Mailing Address <u>8210 Sparrow Creek Dr</u>		___/___/___	\$
City, State, Zip Code <u>Meridian, MS 39305</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>M. L. Waters</u>		<u>11/20/08</u>	\$ <u>250.00</u>
Mailing Address <u>5410 Overbrook Lane</u>		___/___/___	\$
City, State, Zip Code <u>Meridian, MS 39305</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Heslie Usher</u>		<u>11/20/08</u>	\$ <u>250.00</u>
Mailing Address <u>5038 Fisher Rd</u>		___/___/___	\$
City, State, Zip Code <u>Meridian, MS 39301</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Vicki CrumichReporting period 1/1/08 through 12/31/08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ralph Morgan</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>3714 Lauderdale Rd</u>		___/___/___	\$
City, State, Zip Code <u>Lauderdale, MS 39335</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Magee Enterprises Inc</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>105 Mill Creek Corners</u>		___/___/___	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The GEO Group, Inc</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>One Park Place Suite 700</u>		___/___/___	\$
City, State, Zip Code <u>Boca Raton, FL 33487</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capital Advocacy Group</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 217</u>		___/___/___	\$
City, State, Zip Code <u>Jackson MS 39205</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>



Name of Candidate or Committee

VideT Charitable

Reporting period

1/1/08

through

12/31/08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Independent RX Inc</u>		<u>11/24/08</u>	\$ <u>500.00</u>
Mailing Address <u>4209 Lakeview Drive Suite 399</u>		___/___/___	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bad Robinson</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 5358</u>		___/___/___	\$
City, State, Zip Code <u>Meridian, MS 39302</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Amkraser Busch</u>		<u>11/20/08</u>	\$ <u>1000.00</u>
Mailing Address <u>106 East College Ave</u>		___/___/___	\$
City, State, Zip Code <u>Tallahassee, FL 32301</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer Inc</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>412 Main St</u>		___/___/___	\$
City, State, Zip Code <u>Franklin, TN 37064</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Vide T. Chavichal  
 Reporting period 1/1/08 through 12/31/08

Page 5 of 9

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATT MS</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol ST</u>		___/___/___	\$
City, State, Zip Code <u>Landmark Center Jackson, MS 39201</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Alliance America</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church ST</u>		___/___/___	\$
City, State, Zip Code <u>Sparksburg, SC 29306</u>		___/___/___	\$
Name of Employer (Required)		<u>11/20/08</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Newton Co. Bank</u>		<u>11/20/08</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 120</u>		___/___/___	\$
City, State, Zip Code <u>Newton, MS 39345</u>		___/___/___	\$
Name of Employer (Required)		<u>11/20/08</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leon Graham</u>		<u>11/20/08</u>	\$ <u>250.00</u>
Mailing Address <u>793 Briarwood Dr</u>		___/___/___	\$
City, State, Zip Code <u>Meridian, MS 39305</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>



Name of Candidate or Committee

Vicki T. Crum

Reporting period

1/1/08

through

12/31/08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>George REA JR.</u>		<u>11/20/08</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 2090</u>		___/___/___	\$
City, State, Zip Code <u>Meridian, MS 39301</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hoot &amp; Doris Gibson</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>7591 Lake Cove Drive</u>		___/___/___	\$
City, State, Zip Code <u>Meridian, MS 39305</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capital Advocacy Group</u>		<u>11/20/08</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 217</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FINANCIAL MANAGEMENT &amp; INVESTMENT (FMI)</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 391</u>		___/___/___	\$
City, State, Zip Code <u>Meridian, MS 39302</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

Vide T. Churchill

Reporting period

1/1/08

through

12/31/08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Buddy Medlin &amp; ASSOC, INC</u>		<u>11/20/08</u>	\$ <u>250.00</u>
Mailing Address <u>1009 N. West St</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39202</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Power Co. PR</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 4079</u>		___/___/___	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia-Pacific</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 61270</u>		___/___/___	\$
City, State, Zip Code <u>Phoenix, AZ 85082</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>I.A. Rosenbaum</u>		<u>11/20/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 805</u>		___/___/___	\$
City, State, Zip Code <u>Meridian, MS 39302</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>



Name of Candidate or Committee

Vicki Chenichal

Reporting period

1/1/08

through

12/31/08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATA OF Tupelo Inc</u>		<u>11/20/08</u>	\$ <u>1000.00</u>
Mailing Address <u>120 E Franklin ST</u>		___/___/___	\$
City, State, Zip Code <u>Tupelo, MS 38804</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAC PAC</u>		<u>11/20/08</u>	\$ <u>1000.00</u>
Mailing Address <u>711 N. President ST</u>		___/___/___	\$
City, State, Zip Code <u>PO Box 904 Jackson, MS 39205</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC MS</u>		<u>11/20/08</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 1640</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39215</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MRBA PAC</u>		<u>11/20/08</u>	\$ <u>250.00</u>
Mailing Address <u>601 George ST</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39202</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Vicki Carich  
Reporting period 1/1/08 through 12/31/08

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Watson</u>		<u>11/20/08</u>	\$ <u>250.00</u>
Mailing Address <u>1800 12<sup>th</sup> St</u>		___/___/___	\$
City, State, Zip Code <u>Meridian MS 39301</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David Pomyerski</u>		<u>11/20/08</u>	\$ <u>250.00</u>
Mailing Address <u>4031 Oakwood Circle</u>		___/___/___	\$
City, State, Zip Code <u>Lauderdale, MS 39335</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$